



Commission on Improving *the* Status *of* Children in Indiana

Meeting Minutes

Commission on Improving the Status of Children in Indiana

Wednesday, April 18, 2018

Indiana State Library

- Dr. Kris Box, Indiana State Health Commissioner, Indiana State Department of Health
- Christine Blessinger, Director, Division of Youth Services, Department of Correction
- Senator Jean Breaux
- Jason Dudich, Director, State Budget Agency
- Representative David Frizzell
- John Hammond IV, Office of the Governor
- Curtis T. Hill, Indiana Attorney General
- Senator Erin Houchin
- Larry Landis, Executive Director, Public Defender Council
- Susan Lightfoot, Chief Probation Officer, Henry County Probation Department
- Dr. Jennifer McCormick, Superintendent of Public Instruction, Indiana Department of Education
- Kevin Moore, Director Division of Mental Health and Addiction
- David Powell, Executive Director, Indiana Prosecuting Attorneys Council
- Justice Loretta Rush, Chief Justice of Indiana
- Terry Stigdon, Director, Indiana Department of Child Services
- Representative Vanessa Summers
- Dr. Jennifer Walthall, M.D., Secretary, Indiana Family and Social Services Administration
- Mary Willis, Chief Administrative Officer, Indiana Office of Judicial Administration

1. Welcome and Introductions, approval of minutes

Chief Justice Rush called the meeting to order at 10:00 a.m., noting that the Chair, John Hammond, was absent due to the recent birth of his daughter. The members of the Commission introduced themselves.

Action: Rep. Frizzell moved to approve the minutes of the February 14 meeting, Larry Landis seconded, and the meeting minutes were approved by a vote of 9-0.

2. Strategic Priority: Child Safety & Services

Presentation: On behalf of the Child Safety and Services Task Force, Dr. Leslie Hulvershorn presented information on the Zero Suicide intervention and the Zero Suicide Academy to be held on July 25 at Government Center. She requested that the Commission endorse the Zero Suicide Academy. She cited evidence that shows

the effectiveness of Zero Suicide and explained that the target audience is hospital emergency departments and community mental health centers. Dr. Hulvershorn also requested that the individual Commission members exercise any influence they may have with hospitals or mental health centers to encourage them to attend.

Discussion: Chief Justice Rush asked several questions about Indiana’s rate of suicidality and the details of how the Zero Suicide intervention works, which Dr. Hulvershorn answered. Rep. Frizzell asked how the event would be marketed, and Dave Powell asked how many could attend. Dr. Hulvershorn explained that the Academy is open to 30 organizations—hospitals or mental health centers—each of whom can send a team, and that the organizers are also holding a table for additional stakeholders. She said the organizers would work together with the Commission on getting the word out about the event. Chief Justice Rush asked if the Task Force was following up with states that had implemented the intervention and had great numbers, and Dr. Hulvershorn said they were following peer reviewed studies that control for outside factors, but that the research is very promising, which is why SAMHSA is promoting Zero Suicide. Chief Justice Rush expressed concern that the date of the event conflicts with the opioid summit being planned jointly by the Supreme Court and DMHA, but instructed Dr. Hulvershorn to let the Commission know how they could help with promoting the event.

Action: Rep. Frizzell made a motion for the Commission to endorse the Zero Suicide Academy, and Susan Lightfoot seconded it. The motion passed 11-0.

Presentation: Dr. Zachary Adams presented a brief update on the Child Trauma and Resilience Subcommittee, which was created in November to include members from all of the CISC Task Forces. He described the goals of the subcommittee as examining resources and gaps related to trauma, especially training on trauma for the child-serving workforce, and coming up with common definitions of trauma-related terms. He discussed an example of how the subcommittee came together to identify a group of individuals in Indiana’s juvenile justice system to be trained and become trainers on child trauma. Through the collective work of the subcommittee, that training is being brought to Indianapolis by Northwestern University through a SAMHSA grant, and 15 Indiana juvenile justice stakeholders will be trained as trainers in trauma at no cost to Indiana.

Discussion: Chief Justice Rush asked whether the subcommittee was looking at evidence-based practices or models that could be included in treatment plans or court-ordered services for children touched by DCS, given the large number of children entering the system. Dr. Adams cited this specific question as an illustration of why the group is convened, and explained that Judge Pratt as a member of the work group has brought the needs of courts into the discussion. The subcommittee does not yet have specific programs or interventions to hold up as the “gold standard,” but is focused especially on training opportunities for those who work with children.

Presentation: Representative Wendy McNamara presented a brief update on the work of the Child Services Oversight Committee. She reported that the committee had met in February and reviewed the interim report from the Child Welfare Policy and Practice Group. The group also received information from a direct service provider on challenges with education for children placed in a residential facility and heard a report from the state CASA office indicating that 29,000 children were served last year. The number of children presenting in the system is an ongoing challenge. Rep. McNamara reported that the group intends to review the CWPPG report when it comes out and will meet again on July 18 to discuss that report and possibly form subcommittees to work on the issues presented in the report. Finally, she gave a summary of legislation passed during the most recent session that will have an impact on child welfare. Rep. McNamara also introduced a youth member of an advisory committee who had spent a large portion of his childhood in foster care and indicated she would be including his perspective in reviewing the CWPPG report and making recommendations.

Presentation: Gretchen Martin of ISDH presented the findings of the Statewide Child Fatality Review Committee’s [2016 Annual Report](#). The presentation begins on slide 7 of the [meeting PowerPoint](#). The 2016 report was a retrospective study of Sudden Unexplained Infant Deaths that occurred in 2014. The study team

examined several sources of data, including death certificates, autopsy reports, DCS records, and the National Center for Fatality Review and Prevention Case Reporting System (NCFRP CRS). Key findings included:

- Many of the records were incomplete. For example, X-rays were only taken in 51% of the SUID investigations, and only 48% of infant autopsies were conducted by a forensic pathologist, despite a statute requiring this. 87% of cases had at least a partial death scene investigation.
- Out of 105 SUIDS reviewed, 99 had at least one unsafe sleep factor.
- In 62% of cases, the supervisor at the time of the incident was a biological parent. In 24% of cases, there was no response to this question.
- 64% of homes had a crib, bassinette, or port-a-crib available, but in 50% of cases, the child had been sleeping in an adult bed, and in 13% of cases the child had been sleeping on a couch. In just 14% of cases the child was in a crib and in 5% a bassinette.
- In 38% of cases, the supervisor at the time of the incident had a history of substance abuse, while 24% reported no history, and in 35% of cases the history was unknown.
- The most common substance abused by the supervisors was marijuana at 19%, followed by opiates and prescription drugs each at 7% and meth at 6%.

The main recommendations involved the importance of local teams conducting thorough death scene investigations, using the SUID Case Registry Algorithm and CDC definitions for types of SUID, ensuring that data are entered into the NCFRP CRS, and that data are then used to implement evidence-based programs and activities to reduce SUIDs.

Discussion: Senator Houchin asked why parental substance abuse was not included in the algorithm, and Gretchen explained that the algorithm comes from the CDC as a way to standardize the identification and classification of cause of death. In the study, the state team pulled information on other related risk factors, such as history of substance abuse or domestic violence, that was known for the families. Dr. Walthall explained additionally that rarely are parents tested at the time of death, so adding that to the algorithm would be including a very incomplete data set. Senator Houchin asked for clarification that the information is recorded when it is known, and Dr. Walthall said that it is.

Senator Breau asked for clarification on some of the numbers in the report. Gretchen explained that discrepancies can arise between vital records data and the data found in this review because of different or inaccurate coding on death certificates, which is where the vital records data comes from. Gretchen explained that she hoped to use the report to help local teams understand the importance of entering their data into the system to have an accurate statewide picture.

Chief Justice Rush asked about the current status of awareness efforts around safe sleep, given that half of the children who died were in an adult bed. Gretchen described the ISDH's safe sleep program, which includes educating not only parents, but other influential family members and child care providers. Chief Justice Rush offered to have the Communications Committee help blast out the message. Dr. Walthall described the state's "Labor of Love" campaign, and talked about how every campaign runs into the same barriers to penetration. She suggested that the answer may not be doing more of the same, but looking at cultural relevance so that the message rings true to every population. She also noted that there are some groups that actively promote co-sleeping, which creates an ongoing hostile dialogue and makes the message trickier to deliver. She stressed that it's important to model safe sleep in hospitals and other facilities. FSSA is also vigorously promoting safe sleep in licensed and registered child care locations.

Senator Breau asked if there were certain demographic groups that were more at risk than others, and Gretchen noted that African American babies made up a disproportionate share of the deaths: about twice their percentage in the general population.

Gretchen mentioned a book called “Sleep Baby Safe and Snug” that is being used as an educational tool with families and offered to bring some to the next Commission meeting.

Larry Landis was surprised that the percentage of caregivers with a history of alcohol abuse was very low, and Gretchen explained that that data came from DCS, so if there was not documented history of alcohol abuse, it would not have been included. Dave Powell suggested that the state begin also tracking the use of benzodiazepines, noting that it is a common drug of abuse. Gretchen said that the “prescription drugs” and “other drug” categories can be broken down further, if the local teams have included the data on the specific substances.

Senator Houchin said it was startling that marijuana was such a large factor in these deaths, while opioids were much lower. She expressed concerns about the movement to legalize marijuana in light of these statistics. She suggested that ISDH continue tracking and reporting these data over time, since years have passed since 2014 and criminal code reform that happened in the interim may have had an impact.

Gretchen reiterated her hope that the report can be used to spur local teams to see the importance of entering their data. If this happens, it would help ISDH to be able to access more data in real time. ISDH has applied for grant funds to help with data collection and processing.

Chief Justice Rush noted that 2013 was the first year that child mortality teams were developed at the local level, so that this report could serve as a baseline that could be updated over time.

Rep. Frizzell felt it would be important for ISDH to report this data at the interim study committee on legalizing medical marijuana.

Dave Powell asked about the system and logistics for local teams to enter the data. Gretchen said she was hoping to provide some training to the local teams on entering the data, and CDC can help with that. Indiana is actually doing better than the national average, but there are still a lot of unknowns. Dave asked whether coroners who have no medical background might be part of the problem and whether a medical examiner system would be better. Gretchen said she could not say which system would be better, but that ISDH could do a better job of educating the coroners on how to identify and classify these cases. She noted that the prosecutors’ offices coordinate the fatality review teams, and each team is supposed to designate someone to enter the data. Chief Justice Rush asked Dave Powell to look into the data entry problem because of the leadership of local prosecutors.

Martha Allen of ISDH noted that there is more recent data on parental substance use in the neonatal abstinence study that ISDH is carrying out and offered to share that data with the Commission.

3. Strategic Priority: Juvenile Justice and Cross-System Youth

Presentation: Don Travis provided a brief update on the progress of the Juvenile Justice and Cross-system Youth Task Force. He said the Task Force is looking at best options for status offenders, services for delinquents, and a minimum age for delinquency. The Center for State Governments had offered to do a study of Indiana’s juvenile justice system, but the timing of their process conflicted with the external review of DCS that is currently going on. Don noted that CSG offered three options to deal with the conflict: wait until next year to work with CSG, drop the idea, or talk to Pew Charitable Trust, which does similar work and might be able to better fit with Indiana’s timeline. The Task Force is planning to engage Pew in a conversation about the possibilities of their doing the review instead of CSG. Don explained why status offenders look more like CHINS than delinquents, because they cannot be locked up in DOC or in secure detention, so the dispositional options are more like those for CHINS cases. The Task Force also wants to look at a potential age floor for delinquency.

4. Strategic Priority: Mental Health & Substance Abuse

Presentation: SIRRILLA Blackmon provided a brief update on the progress of the Mental Health and Substance Abuse Task Force. She noted that the Task Force is working on aligning and streamlining its priorities, moving deadlines, and homing in on specific strategies in some of the areas. They will be working with the Education Task Force on school-based mental health. They will also be looking at DMHA grants that are funding school-based programs.

Presentation: SIRRILLA Blackmon presented information on DMHA's Children's Mental Health Day initiative and showed slides of artwork on the theme of mental health that had been submitted by high school students for a statewide art contest. Her presentation begins at slide 28 in the [meeting PowerPoint](#). SAMHSA's National Child Mental Health Awareness Day is May 10. This year has a focus on trauma. She described DMHA's efforts to coordinate the art contest and noted that through more comprehensive outreach they received many more entries this year than last year, which was the first time the contest was run. She described plans for displaying the art and recognizing the students.

Chief Justice Rush commended SIRRILLA and her committee on the art contest and children's mental health initiative.

5. Strategic Priority: Educational Outcomes

Presentation: MELAINA Gant and CATHY Danyluk provided a brief update on the progress of the Educational Outcomes Task Force. At Chief Justice Rush's request, MELAINA explained the purpose of the educational passport subcommittee and gave the status of their work. She said the Task Force has three subcommittees working now. The second subcommittee is looking at the objective related to wraparound services in schools. She requested on behalf of the subcommittee a re-wording of the objective to eliminate the word "wraparound" which has very specific meanings in different contexts. The task force proposed more general wording related to services in schools to support students' mental health and wellness. She noted that the Task Force has identified several deliverables that will be coming from that subcommittee. CATHY Danyluk said that IDOE had applied for a CDC grant for children with chronic illness. The focus of the grant in the past has been on physical conditions such as asthma, but this year they have applied to use the funds on mental health issues. The third subcommittee is school discipline and climate. She noted that HB 1421 passed and addresses school discipline, and this subcommittee will be able to work with IDOE to support its fulfillment of the requirements of that legislation. MELAINA reported that the fourth objective the Task Force is working on is studying and reporting on the graduation rate of vulnerable youth. The Task Force is working with MPH, but the passage of HB 1314 will also provide a huge piece of the data puzzle, since it requires reporting on educational outcomes of foster and homeless youth.

Action: Rep. Frizzell moved to accept the change to the wording of the objective, and Senator Houchin seconded. The change was approved 12-0. The objective now reads: "Advocate for additional and improved services integrated in schools to address mental health and wellness."

6. Committee Brief Updates

Presentation: In the absence of Tamara Weaver and Tyler Brown, Julie Whitman provided a brief update on the Data Sharing and Mapping Committee. She noted that the committee is looking to add some additional members who work with data in the various state agencies. She said they were working on two specific requests, the one on educational outcomes previously mentioned, and a separate request to look at overlap of clients between the state's child-serving agencies.

Presentation: Kathryn Dolan presented an update on the work of the Communications Committee. She noted that the Communications Committee has a gap of participation from the General Assembly and said that the committee had reached out to each caucus to request participation of a communication representative on the committee. Kathryn described the planning of the Commission's annual report, which is due on July 1. She noted

that the deadline is problematic because the Commission's last meeting of the fiscal year is June 20. The Executive Committee has proposed submitting a report on July 1 indicating that the full report would be ready in mid-August, to allow for the full reporting of the fiscal year. Kathryn asked the Commission to give the Executive Committee the authority to finalize and submit the report. Chief Justice Rush indicated that Rep. Frizzell thought this solution would be acceptable. She noted that the Commission members would still have the opportunity to approve the report and asked for a motion to submit the report no later than August 15. Kathryn announced that the next Communications Committee meeting would be May 10, and asked Commission members to urge their communication representatives to attend.

Action: Rep. Frizzell moved to submit the report August 15. The motion was seconded and carried, 11-0.

7. Executive Director Updates

Presentation: Julie Whitman introduced the idea of a children's fiscal map and mentioned that she had discussed the idea with the Executive Committee and with Jason Dudich of the State Budget Agency. She explained that the fiscal map would effectively be a children's budget and would show state spending by population rather than by agency. She is interested in pursuing this project and will have more information at a future Commission meeting.

Julie mentioned that she had included in the packets a list of 50 bills that had passed in the recent legislative session that would impact kids. She highlighted a few specific bills, including HEA 1314 which requires data on foster youth educational outcomes and HEA 1421 on school discipline, SEA 360 on perinatal levels of care, SEA 224 on mental health licensing that came directly from the Commission's Mental Health and Substance Abuse Task Force, SEA 1248 adding children with cognitive disabilities to the silver alert program, and HEA 1270 on human trafficking, which includes a study assignment for the Commission. Julie recommended that the study topic be assigned to the Juvenile Justice and Cross System Youth Task Force, which has a subcommittee looking specifically at child trafficking. Chief Justice Rush asked if anyone objected to that assignment, and hearing no objections agreed it should be assigned there, and stated that no motion was needed.

Julie reported on her recent public speaking opportunities. She has spoken at two events to raise the profile of the Commission and get feedback from people in the field on the Commission's strategic plan. She has spoken at the Indiana Afterschool Network and at a multi-disciplinary summit in Elkhart County, and will soon be speaking at the Systems of Care Conference and the First Steps Conference. She asked the Commission members to forward her additional speaking opportunities, especially in counties outside of Central Indiana.

She reminded the Commission that the strategic plan tracker will be included in their packet each meeting. She indicated that the task forces are doing great work and moving the strategic plan forward.

Discussion: Chief Justice Rush mentioned an additional piece of legislation, SEA 238, that moved out the Commission's scheduled sunset from 2019 to 2029. She also reiterated that all Commission members are invited to attend the Executive Committee meetings, which happen monthly. She encouraged Commission members who have additional topics they would like the Commission to address to get those to Julie, and noted that Julie is available to all three branches of government for public speaking and education regarding youth.

8. Adjournment

The meeting was adjourned at 11:52 a.m.